



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

1/27/15

Ending Date:

2/27/15

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Jennifer E. Deon
Candidate Full Name (if applicable)

Selectman - Saugus
Office Sought and District

34 Myrtle St - Saugus, MA 01906
Residential Address

Telephone Number (optional): 781-231-1230

N/A
Committee Name

N/A
Name of Committee Treasurer

N/A
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

264.61

Line 3: Subtotal (line 1 plus line 2)

264.61

Line 4: Total expenditures this period (page 5, line 14)

264.61

Line 5: Ending Balance (line 3 minus line 4)

0

Line 6: Total in-kind contributions this period (page 6)

Line 7: Total (all) outstanding liabilities (page 7)

264.61

Line 8: Name of bank(s) used:

Citizens Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Treasurer's signature)

Date:

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date:

3/9/15

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/28 - 2/27/15	Jennifer D'Eon 34 Myrtle St Saugus MA	264.61	Patient registrar Hallmark Health Melrose MA
Line 9: Total Receipts over \$50 (or listed above)		264.61	
Line 10: Total Receipts \$50 and under* (not listed above)		Ø	
Line 11: TOTAL RECEIPTS IN THE PERIOD		264.61	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/26/15	Staples	Broadway Saugus, MA	Materials for Campaign Signs	100-
2/5/15	SCTV ^{Public Access} Cable	Pierce Memorial Drive Saugus, MA	Political Ad	75-
2/27/15	Connolly Printing	178 Gill St. Woburn, MA	Campaign mailing	89.61
Line 12: Total Expenditures over \$50 (or listed above)				264.61
Line 13: Total Expenditures \$50 and under* (not listed above)				Ø
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				264.61

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

264-61

RECEIPT		DATE <u>2/5/15</u>	No. <u>434505</u>
RECEIVED FROM <u>Jennifer D'Eon</u>		\$ <u>75.00</u>	
<u>Seventy Five</u>		DOLLARS	
<input type="radio"/> FOR RENT		<u>Political Ad</u>	
<input checked="" type="radio"/> FOR			
ACCOUNT		<input checked="" type="radio"/> CASH	
PAYMENT	<u>Paid</u>	<input type="radio"/> CHECK	FROM
BAL. DUE		<input type="radio"/> MONEY ORDER	TO
		<input type="radio"/> CREDIT CARD	BY <u>[Signature]</u>



17B Gill Street, Woburn MA 01801 • 781-932-8885
ConnollyPrinting.com • 800-406-7206

Invoice

Date

Invoice #

2/27/2015

10639

Bill To

Committee to Elect
Jennifer D'Eon

Ship To

P.O. No.	Terms	Due Date	Rep	Ship Via	Woburn
	Mailings due in adv...	2/27/2015	KC	Del to Post Off	F.O.B.

Quantity	Item Code	Description	Price Each	Amount
125	Postcards	8.5" x 11" Postcards, full color, addressed, postal prep & mailed, w/union bug	0.43	53.75T
125	Postage	Postage	0.26	32.50

Thank You for doing business with Connolly Printing.

Subtotal \$86.25

In the event the customer doesn't pay in accordance to the payment terms above, the customer agrees to pay a late charge of 1.8% per month of the total amount of any late payment. The customer also agrees to pay any collection expenses incurred to collect any unpaid amounts, including a reasonable attorney's fee due to litigation arising out of collection of any unpaid amounts owed by customer. Pricing assumes a 2% discount for cash or checks. The 2% cash discount does not apply to credit cards and will be added back.

(6.25%) \$3.36

Total \$89.61

Payments/Credits \$0.00

Balance Due \$89.61

Fax #	E-mail	Web Site
(781) 932-8544	kevinc@connollyprinting.com	www.connollyprinting.com

Check

3538